

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra G. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000023787
1. Corporation Name

THE VOICE NEWSPAPER, INC.

Principal Place of Business	Mailing Address
3131 E. BUSINESS 98 SPRINGFIELD FL 32404	2401 WEST 15TH ST. PANAMA CITY FL 32401

3. Date Incorporated or Qualified 3/24/95	3a. Date of Last Report 8-23-96
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3160640	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAROL KAYATT
2308 W. 11TH STREET
PANAMA CITY, FL 32401

81 Name BURTON S. SCHULER
82 Street Address (P.O. Box Number is Not Acceptable) 2401 W. 15TH STREET
83
84 City PANAMA CITY FL 85 Zip Code 32401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE *B. Schuler* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL KAYATT	1.2 NAME	P/S/T
STREET ADDRESS	2308 W. 11TH STREET	1.3 STREET ADDRESS	BURTON S. SCHULER
CITY-ST-ZIP	PANAMA CITY, FL 32401	1.4 CITY-ST-ZIP	2401 W. 15TH STREET
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	600002289896
STREET ADDRESS		2.3 STREET ADDRESS	-03/10/97--01118--014
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Burton S. Schuler* 8/11/97 850-763-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

2082

FROM THE DESK OF

DR. BURTON S. SCHULER
FOOT SPECIALIST

TELEPHONE: (904) 763-3333

2401 W. 15TH STREET
PANAMA CITY, FL 32401

Dear Sir, 8/11/57
We didn't receive this
renewal form until last
month, when we requested
it - Thank You Dr